

## **Dumpster Permit**

City of Chilton, 42 School St., Chilton, WI 53014 Phone: (920)849-2451 Fax: (920)849-2025

www.chilton.govoffice.com

Owner of Property	Telephone Number		
Mailing Address:			
Address Where Dumpster Will Be P	Placed:		
Dumpster Ordered From:			
Dumpster Ordered From:  (Name of Person A (Name of Person A))	f Business)		
Telephone Number:(Name of Person A	ble To Move Dumpster In Ca	se of An Emergency)	
Size of Dumpster Ordered:			
This dumpster shall be in place from			20
************	******	******	******
Permission is granted to place a dumpster within of Chilton at the address indicated above. The dependent of REFLECTIVE TAPE on the front and back of indumpster shall be in place for one week only. If must be issued.	dumpster shall have it provided by the p	REFLECTIVE B roperty owner or	ARRICADES or contractor. The
Approved By:(Department of Public Works)	D	ate:	